

The footprints of history - Quarantines and the Andaman tribes

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Today even a child does know what Quarantine is. He will certainly explain that quarantine means a restriction on the movement of people which is intended to prevent the spread of disease; but many people really need to sense it truly under the crux of the pandemic situation of Covid19. The History being informative and instructive always shows us its footprints to follow.

Though the word 'Quarantine' came in use during the 14th Century onwards, the meaningful practice of it was not obsolete in the ancient period. The practice of isolating the people infected with a particular skin disease was in vogue even in the 7th century BC or perhaps earlier. Such infected people would be addressed as 'unclean'.

The word quarantine comes from '*quarantena*' meaning 'forty days' used in the Venetian language in the 14th - 15th centuries. Ships arriving in Venice from the ports infected with bubonic plague were required to float at anchor for 40 days before landing. Thus, the practice of quarantine was often the only tool in the fight against infectious diseases like leprosy and bubonic plague.

It has not been an easy way the present world has come through. Our history has a big lot of events of lethal epidemics with the stories of decisions right and wrong, courage and discipline of the people.

In 549 A.D, in the wake of one of history's most devastating epidemics of bubonic plague, the Byzantine emperor Justinian had enacted a law meant to hinder and isolate people arriving from plague-infested regions. During 600s, the China had a well-established policy to detain plague-stricken sailors and foreign travelers who arrive in Chinese ports. In 1200 A.D, Europe had some 19,000 leprosaria, or houses for leper patients; and France alone boasted roughly 2,000. In 1300s, a number of European and Asian countries began enforcing quarantines of infected regions by encircling them with armed guards. Those caught escaping from afflicted areas are returned and sometimes executed as a warning to others. Between 1348 and 1359, the Black Death wiped out an estimated 30% of Europe's population, and a significant percentage of Asia's population. Such a disaster led governments to establish measures of containment to handle recurrent epidemics. In 1403, Venice established the world's first known maritime quarantine station or lazaretto; while in 1521 France's first maritime quarantine opened at Marseilles. In the medieval Islamic World, the practice of mandatory quarantine of leprosy in general hospitals continued until the year 1431, when the Ottomans built a leprosy hospital in Edirne. A century later, city officials enacted a law forbidding travelers from entering the city without a preliminary medical examination. In 1656, after a plague epidemic killed 100,000 people in Naples, 10,000 people in Rome succumbed to plague. The efforts of Quarantine were taken insufficiently. In 1663, during a smallpox epidemic in New York City, the General Assembly passed a law of forbidding people coming from infected areas. In the same year, when plague ravaged parts of continental Europe, the English monarchy issued royal decrees calling for the establishment of permanent quarantines. All London-bound ships had to pause at the mouth of the Thames River for 40 days. After one year, when the plague epidemic reached Russia, officials organized quarantines and prohibited entry into Moscow of people from other countries. During 1712, a plague epidemic around the Baltic Sea led

England to pass the Quarantine Act stating about mandatory 40-day quarantine for arriving ships, with a death penalty on serious breaches of the act. In 1738, in view of the smallpox and yellow fever threatening to strike New York, the City Council set up a quarantine anchorage off Bedloe's Island (home of the Statue of Liberty today). The island became a quarantine station for contagious passengers and crew from arriving ships. After about 30,000 people in Britain alone died in a cholera epidemic in 1831-1832, New York came in alert mode but failed to save nearly 3,500 of the city. Following horrific epidemics of plague and cholera that spread through Europe from Egypt and Turkey towards the middle of the 19th century, the first international sanitary conference was held in Paris, with an eye to making quarantine an international cooperative effort. These sanitary conferences continue well into the 20th century. In 1890s, as the era of bacteriology arrived, with major diseases like typhoid and cholera determined to arise from germs, the length and nature of quarantine evolved, now often based on the life cycles of specific microbes. During the epidemic of poliomyelitis in 1916 in New York, authorities began forcibly separating children from their parents and placing them in quarantine. In 2003, an outbreak of Severe Acute Respiratory Syndrome, or SARS, occurred in Asia and Canada; and in April, President George W. Bush added SARS to the list of quarantinable diseases, which also included cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers such as the Ebola and Marburg viruses.

There is an old classic example as a lesson for those who violate Covid-19 guidelines and/or think that the 15 or 30 days' quarantine is too much troubling. Mary Mallon an Irish woman was a healthy carrier of *Salmonella typhi* and she got a nickname of "Typhoid Mary". Many people were infected from her due to her denial of being ill. She was forced into quarantine on two separate occasions on North Brother Island for a total of 26 years and died alone without friends in 1938.

Thus, in our history, the ancient practice of quarantine was often the only tool in the fight against infectious diseases. Even in today's world of vaccines and antibiotics, quarantine still has an important tool we all have to essentially follow very honestly.

Interestingly, many tribal societies teach us some lessons from their indigenous knowledge, practices and discipline.

The community-wide, self-isolation is not new to many Indigenous groups. The Igorot peoples of Luzon, Philippines are among them who practice temporary self-isolation, a community *ngilin* (quarantine). The people are strictly not allowed to make unnecessary movements. *Pudongs* (plants) are conspicuously placed at every entrance of the village to warn and drive away bad spirits. Similar practices exist among the Karen people of highland Myanmar, whose *kroh-yee* (village closure) is a regular part of ritual in the sixth month of the lunar calendar. But the *kroh yee* can take more complicated form during serious crises, as occurred seventy years ago during a Cholera outbreak. The 'Orang Rimba' people have a healthy fear of disease, and customary practices include a 24-hour quarantine for people coming into their area of the Sumatran forest. Similarly, the tribes of the Arunachal Pradesh sealed their districts and villages, off. They performed the traditional rituals of self-quarantine. The Adi and Nyishi tribes observed rituals called *Motor* and *Arrue*, respectively. It was done only with the case of a man who contracted the Corona virus when he was in Delhi.

The Andaman tribes

The tribal communities in the Andamans are also sensible and their indigenous living pattern restricts the spread of an epidemic. The Jarawa and Shompen are divided territorially to live in separate groups having 30-50 in each group. In case an epidemic reaches a group, the other group may remain in safety-zone.

The Great Andamanese till 1800s were also divided into different territorial groups from Port Blair to North Andaman. Unfortunately, the British scheme of 'Andaman Home' (transit home for their stay) became the main reason of their rapid destruction through a series of epidemics beginning from Pneumonia (1868), Syphilis (1876), Measles (1877) and Influenza (1890).

In January 1875, F.E. Tuson, the British officer-in-charge of the Andamanese people, noticed something peculiar at the Góp-l'áka-báng 'Andaman Home'. A woman had developed a nasty bubo. Tuson knew what the symptom meant but chose to ignore it. One year later, several islanders at 'Viper Home' were found suffering from sores. The British quarantined them in an empty shed and inspected all the Andaman Homes where many inmates exhibited symptoms of an alien disease. As expected, it was an outbreak of syphilis. Major General Charles Arthur Barwell in his Annual Report of 1875-76, wrote that it was discovered that about fifteen aborigines of the Viper Home were suffering from Syphilis sores. After an enquiry it was discovered that it was known to them during the past three or four years. Convict Shera, a senior Petty Officer of the Homes, was found responsible for spreading the disease. He subsequently died of Syphilis. During the month of July an epidemic of Ophthalmia broke out among the Andamanese and lasted till the end of the year.

In March 1877, an epidemic of Measles broke out, originated on Ross among the native residents. The boys in the Andaman Orphanage caught it, and passed it on to the people in the Viper Home before Mr. E. H. Man came to know this. Further, the cases in a few days travelled from Port Mouat to Brigade Creek Home. The Homes were fumigated, and many of the sick in Mr. Man's house were nursed. Unfortunately, on the same day when the outbreak of Measles on Viper was discovered, eighty Andamanese from the Middle Andaman arrived at the Brigade Creek Home and mixed freely with the other Andamanese there, three of whom had the disease. Quarantine was attempted, but the Andamanese got frightened and fled from the settlement to their jungle homes, carrying the infection with them. Before the end of the month, 100 cases were in hospital, but their dread of the detention and restraint in the hospital for syphilitic cases prevented others from coming. There were about sixty of these cases segregated in a special building, and when the sufferers at Port Mouat heard of this they fled with all their goods to Port Campbell. Nothing short of a personal visit by Mr. Man in the station steamer would have brought them back, and even then it is more than probable that the sick, at the sight of the steamer, would have guessed Mr. Man's object in coming and hid in the jungle. Maia Biala, the Chief and a party of Andamanese were out at this time trying to catch some runaways, and it was found on their return that they were then suffering from measles.

Mr. Man reported in April 1877 that, after six weeks of the measles, 51 out of 184 cases in the hospital had died, the greatest number of deaths being among a party of 70 people from the distant villages in the South Andaman, who were on a visit to the Viper Home at the time the epidemic broke out. The syphilitic patients suffered more than any of the

others. The 80 people from the Middle Andaman who arrived at Brigade Creek, were being kept isolated there, but looking to the number of the deaths, fled to their homes, while many of them were suffering from the disease at the time. Some of these returned and reported that after leaving the South Andaman they went to their several homes and all suffered from the same disease.

Maia Biala, Chief of Rutland Island tribe, amongst others, died from measles, which was a great loss to the colonial officers including Mr. Man.

Mr. Man writes in 1876-77, "*At the Viper Home, 71 Andamanese were attacked by Measles and 43 syphilitic patients were attacked. Of the visitors in hospital, 77 were attacked and 37 died. Self-treated in the jungle, say, 350 were attacked and 56 died.*"

In this context Portman writes, "*These remarks, as were found afterwards, considerably under-stated the case. The disease gradually spread throughout the whole of the Great Andaman, affecting all but the Jarawa tribes and was nearly a year in doing so. The actual number of deaths from the measles may not have been more than 15 per cent. Of the whole of the population, but the deaths from the sequela of the disease were many more. Half, if not two-thirds, of the whole of the Andamanese in the Great Andaman, died from its effects. All the people inhabiting the west coast of the South Andaman between Port Campbell and the Middle Straits died, as I found on visiting that part of the country three years afterwards. This epidemic was the most serious disaster which has befallen the Andamanese, and owing to the effects of it our treatment of them underwent a change, all attempts to force them to settle down to an agricultural life were abandoned, and our efforts were directed to keeping such of the race alive as we could, and to strengthening the constitutions of the delicate and syphilitic children.*"

When Mr. Man knew of the existence of the disease he took prompt action, but he did not know of it until too late. He lived on Viper Island, and the medical authorities on Ross Island, where the measles originated, did not inform him regarding the disease, nor did the Officer in charge of the Andaman Orphanage, which was on Ross Island, take any precautions. The cases of measles were in existence even in 1890s.

In May 1877, Mr. Man made a tour round the islands in *Enterprise*. He found cases of measles at Port Campbell, and Flat Island where some Andamanese landed from Viper Home. He made a tour in March 1878 round the islands in *H.M.S. Rifleman*. He found the aborigines of Stewart's Sound and other islands in effect of the measles. In July a large number of cases were brought in from Middle Andaman.

In the year 1878, the women and some of the boys in the Viper Home, have been employed in useful occupations, such as making blankets, thatching leaves, and *morahs*. Unfortunately, sixty six fresh cases of syphilis had arrived from amongst them.

By this year the hereditary syphilis was beginning to appear amongst the Andamanese. In April 1884, a party of Malays for the legal collection of edible birds' nests and Trepan in the Andamans anchored their Junk in Stewart's Sound. When they resented the visits of the Andamanese, trouble ensued. To put matters right Portman on arrival here, found many cases of syphilis among the Andamanese. He brought them to Port Blair for treatment.

Alexander Mackenzie Secretary in the Home Department in 1886 during his inspection found a large number of the Andamanese in the hospital mostly suffering from hopeless pulmonary diseases or from syphilis.

In the Resolution of the Annual Report for 1886-87, Chapter XVII, the Government of India clearly remarked that the number of the friendly tribes of the Andamanese has been reduced year to year. In the Annual Report for 1890-91, it was clearly remarked that all the people on Rutland Island were dead and very few were remaining in the South Andaman and the Archipelago. Further the report mentions, "*The children do not survive in the very few births which do occur, and the present generation may be considered as the last of the aborigines of the Great Andaman. Even these have their constitutions to a greater extent undermined by hereditary syphilis, and are unable to endure much exposure.*" (Portman Vol.2. p. 676)

During the year 1890-91, the principal event was an outbreak of Russian Influenza also known as the 'Asiatic flu' or 'Russian flu', which killed about one million people worldwide, spread rapidly throughout the islands and the Andamanese, with their constitutions already weakened by syphilis. They had no strength to fight the disease, but died in large numbers. It broke out in April 1890. By the month of July, about 41 Andamanese died of this new disease including Punga, the Chief of Port Mouat Sept and some members on the Ross Island. The last representative of the Rutland Island Sept was also died of it. The activities at the Homes were stopped on account of the disease and special food, tonics, and wine were given to the Andamanese in the hope of keeping them alive. On 29th July, ten men and six women came in from Long Island and reported that with the exception of a few people at Mount Kunu, Juruchang, and the Archipelago Islands, they were the only survivors of the tribes between Port Blair and Rongat. (Portman Vol.2. p.673) The influenza continued to spread among the others.

It is interesting and noteworthy in view of our preventive and remedial measures against the Corona outbreak in the pandemic situation began in 2020, that in the Andamans in the beginning of 20th century, all safety measures were carefully adopted to prevent new diseases. The Sepoys, convicts and others arriving from India had to be quarantined in a segregation camp at Shore Point, which was consisting of few temporary barracks. Simultaneously, a new site at Perseverance Point near North Bay was selected for a new segregation camp.

Thus, the 'Andaman Home' became an epicentre of the diseases for various reasons or say mistakes. Besides the inhygienic condition of the Homes, one of the main reasons was that the convicts employed in the Homes were the main source of the diseases. Secondly, the officers would visit the Andamanese camps with certain friendly Andamanese members picked up from the Andaman Home. These Andamanese got infected either at Homes or Andamanese huts but further travelled to unknowingly spread the disease amongst the other Andamanese. Simultaneously, the Andamanese from remote areas visited the Andaman Homes and got infected before leaving to join the mother camps. Thus, the epidemics played a great role in the population degradation of the Great Andamanese, leaving behind a message for us that a pin drop mistake of ignoring the tribal values can become a grave-mistake.

During 1969, the Great Andamanese population decreased to be only 19 and to protect them from the verge of extinction, they were resettled at an isolated island named Strait

Island. The Jarawa territories were identified and declared as Jarawa Reserve, prohibiting illegal entry of the non-Jarawas eventually to let them live on their own. These major policy driven steps taken earlier, became a major ground of now for the successful protection of the Andaman tribes from the threat of the Corona virus.

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